

## 3 Easy Ways to Register!

Fax your completed form to (202)-606-5073

**Phone** (202) 606-8521

**Mail** your completed form to:

Diane Secchi ACHP 1100 Pennsylvania Avenue, NW, Suite 809, Washington, DC 20004

## 2006 Dates & Locations

- March 20 21 Concord, NH
- April 3 4 Las Vegas, NV
- April 25 26 San Juan, PR
- May 31 June 1 Washington, DC
- ❖ June 13 14 Denver, CO
- July 18 19
   St. Louis, MO
- ❖ August 23 24 San Francisco, CA
- ♦ October 30 31 Pittsburgh, PA

## The Advisory Council on Historic Preservation 2006 Registration Form

## THE SECTION 106 ESSENTIALS

Registrant: (Last Name)	(First Name)	(MI)
Position Title:	,	,
Agency/Business Name:		
Agency/Business Address:		
City:	State:	Zip Code:
Phone Number (with area code):		
Fax Number (with area code):		
E-mail Address (receiving course co	onfirmation):	
Course Information		
Preferred Course Date:	Course Location	
Name on Certificate:		
(Please type your name, as you would lik	e it to appear on your certificate.)	
Where did you hear about this cours	se? Website	que
Payment Informatior	1 - *payment must be received.	ved with registration*
☐ Single registrant = \$450.00 ☐ Group discounts available – se	ee group form	
Payment: *Note purchase orders ar	e not accepted	
	☐ MasterCard ion 106 Essentials. Check must be a authorization, please be sure you have	
Credit Card Payment	Information (continu	ed)
Name on the card (please print):	(••••••	,
(Last Name)	(First Name)	(MI)
Agency/Business Address:		
City:	State:	Zip Code:
E-mail Address (for payment receip *Once credit card is processed, y	ot): rou will receive an email receipt fro	om Pay.gov
,	*	, =
-	Exp. Date:	

Accessibility: The ACHP schedules all courses in facilities that meet federal accessibility requirements. Officials sending an employee with

however, substitutions may be made at no cost up until three days before the course begins.

special accessibility needs should contact Diane Secchi @ 202-606-8521.